

HEALTH PROMOTION & PREVENTION INITIATIVES

NEWSLETTER



Issue No. 18

May - June 2006

Initiative Spotlight



Healthy Families Dedicated Fighters

The health issue

Obesity, hypertension, diabetes, and dyslipidemia among Soldier dependents

Program implementation

Teaching, counseling, and program-specific activities are used to increase exercise frequency and encourage healthier eating. Participants can enroll in the activity portion of the program or the weight management portion, or both. Each program block lasts eight weeks.

Project outcomes

- Average weight loss: 6.64 pounds
- Average abdominal circumference: decreased by 2 inches
- VO2 max: all participants went up one or more fitness levels
- Rockport Mile Walk Test: average decrease of 1.75 minutes.
- 92% of survey respondents increased their exercise during the program; 92% reported they make healthier food choices since being in the program; 92% stated they have the control to reach a healthy weight since being in the program; 50% reached the goal they set at the beginning of the program; and 100% liked the group setting.

The SMART goal setting information in Program Pointers in this newsletter was adapted from this initiative.

Ideas from the Field

Recruiting a physician champion

One of the best resources in the health promotion “tool box” is a physician champion. Before recruiting a champion, talk informally to physicians and health care providers to find out which physicians may be interested in your program. As you recruit a champion, be sure to emphasize what’s in it for them. For example, a pediatric asthma program can serve as a pulmonary or acute care fellowship. Serving as a physician champion also looks good on a CV.

Prevention Resources



Agency for Healthcare Research and Quality (AHRQ) Program Evaluation Toolkit

http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_81659_0_0_18/AHRQ%20NRC%20Evaluation%20Toolkit.pdf

Program Pointers

Setting SMART goals for health behavior change

Every health promotion program planning process should include **SMART** program goals and objectives. This same **SMART** process can also be taught to program participants to help facilitate health behavior change. A goal serves as a target that will allow participants to focus their time, energy, and attention. By setting and achieving **SMART** goals, participants will feel an increased sense of empowerment and confidence.

Specific: The goal should answer: Who? What? Where? When? Why? What requirements and obstacles exist?

- *Example:* a non-specific goal would be: "Get in shape." A more specific goal would be: "Walk two miles at the track after work on Monday, Wednesday, and Friday."

Masurable: Establish a way to evaluate progress toward reaching each goal.

- *Example:* a non-measurable goal would be: "Become a better runner." A measurable goal would be: "Improve my mile run time by 1 minute."

Attainable: Goals should be challenging, but not impossible. Write goals in a positive way, instead of focusing on negative behavior.

- *Example:* A non-attainable, negative goal would be: "Stop eating all junk food by tomorrow." An attainable, positive goal would be: "Eat at least five servings of fruits and vegetables everyday."

Relevant: Participants should set goals for program participation that are relevant to the health behavior they are trying to change. Although they may also choose to set other self-improvement goals, their goals should relate to lifestyle changes addressed by your program.

- *Example:* A non-relevant goal for program participation might be: "Be a better parent." A more relevant goal would be "Be a better parent by preparing healthier meals for my family."

Time-bound: Participant goals must have starting points, ending points, and fixed durations. Commitment to a deadline will help participants focus their efforts on completion of that goal.

- *Example:* a time-bound goal would be: "Starting today, I will increase the amount of water I drink by one cup per week, so that in one month, I will be drinking eight cups per day."

After writing **SMART** goals, participants should also make a list of **possible obstacles** that could get in the way of those goals and develop a strategy for overcoming these obstacles.

Encourage participants to post the goals in an obvious place, so they will be reminded often of the target they are working towards.

Don't Reinvent the Wheel!

Health Promotion Resource Guide: Walking Programs and Civilian Health Promotion

<http://chppm-www.apgea.army.mil/dhpw/Population/walking.aspx>



This Resource Guide provides resources for walking program and civilian fitness program implementation and evaluation at US Army installations.

The Resource Guide includes: tools for setting up a walking program that can be offered in deploying communities, a simple walking program business plan, and a post-program survey.

The Resource Guide also includes sample enrollment packet information and step-by-step instructions for setting up a civilian fitness program.

HPPI News & FAQs



Key #10 to Effective Health Promotion:
Managing health promotion resources

Technical Report – Tobacco Cessation Program Comparison

For more information about HPPI, or to see past issues of the HPPI newsletter, visit <http://chppm-www.apgea.army.mil/dhpw/Population/HPPI.aspx>.

To subscribe to this newsletter or send comments/suggestions send email to: hppi_program_info@amedd.army.mil

or call DHPW at (410) 436-4656, DSN 584-4656.

Non-government web sites listed in this newsletter do not in any way constitute Department of Defense endorsement of the private entity, its web site, or its products.